

# Application for Pump and Haul

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## Commonwealth of Virginia State Department of Health

1. OWNER \_\_\_\_\_  
Print Name Signature

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

does hereby apply for a permit to remove and transport sewage from \_\_\_\_\_

to \_\_\_\_\_  
(IF ADDITIONAL SPACE IS REQUIRED USE ATTACHMENT)

2. Justification \_\_\_\_\_

3. Brief description of storage or holding facilities (Type, capacity, etc.) \_\_\_\_\_

4. Plans and Specifications of holding facility (if required) prepared by \_\_\_\_\_ Engineer

Address \_\_\_\_\_ Date \_\_\_\_\_

5. Date of completion of permanent facilities \_\_\_\_\_ Describe facility to be completed

6. Method of guarantee that facility will be completed. Attach documents as proof such as Bond, Contracts, etc.

\_\_\_\_\_

\_\_\_\_\_

7. Sewage Handling Permit Holder \_\_\_\_\_

Name and Number of Permit Holder

Address \_\_\_\_\_ Telephone \_\_\_\_\_

(Attach copy of contract with Sewage Handling Permit Holder)

8. Time period requested for pump and haul (maximum time one year) from \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

9. Method of bonding to insure pump and haul for the specified time period in 8 above \_\_\_\_\_

\_\_\_\_\_

10. Quantity of sewage to be hauled per day \_\_\_\_\_ gallons

11. Route(s) of transport \_\_\_\_\_

12. Time of day for transport \_\_\_\_\_

13. Emergency response capability \_\_\_\_\_

14. Disposition of Sewage \_\_\_\_\_

(Attach copy of agreement with owner of receiving treatment facility)

15. Conference Date Requested \_\_\_\_\_

16. Concurrence of Local Political Subdivision \_\_\_\_\_

Name

Date

Title

### Department Use

1. Contract with Handler having valid sewage handling permit Yes ☐ No ☐

2. Receiving facility satisfactory Yes ☐ No ☐

Comments \_\_\_\_\_

\_\_\_\_\_

3. Bonding and/or assurances approved by Bureau and Attorney General Yes ☐ No ☐

Comments \_\_\_\_\_

\_\_\_\_\_

4. Plans and Specifications for storage facility satisfactory Yes ☐ No ☐ Not Required ☐

5. Construction Permit issued for storage facility Yes ☐ No ☐ Not Required ☐

Permit No. \_\_\_\_\_ Date \_\_\_\_\_

6. Storage Facilities Inspected Yes ☐ No ☐

Comments \_\_\_\_\_

\_\_\_\_\_

7. Recommend Pump & Haul Permit Be Issued

Sanitarian

Date

8. Authorize Pump & Haul Permit To Be Issued

Supervisory Sanitarian

Date